

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

## RHODE ISLAND DEPARTMENT OF TRANSPORTATION **HUMAN RESOURCES SERVICE CENTER**

Two Capitol Hill, Room 214 Providence, Rhode Island 02903-1124 Phone (401) 222-2572; Fax (401) 222-2574

## SUPERVISORY REQUEST FOR TRAINING COURSE, SEMINAR OR **CONFERENCE**

A completed request must reach HR at least 10 days in advance with all pertinent documentation attached.

You must have a written approval in hand from the Office of Human Resources prior to the start of the course, seminar or conference.

## PLEASE PRINT

DIVISION/SECTION SUPERVISOR REQUESTING TRAINING ON BEHALF OF A GROUP: BUSINESS PHONE #: \_\_\_\_\_ BUSINESS E-MAIL: \_\_\_\_

JOB TITLE: DIVISION: SECTION: SUPERVISOR: COURSE/SEMINAR/CONFERENCE TITLE: BRIEF TRAINING DESCRIPTION: TRAINING SPONSER/ PROVIDER: \_\_\_\_\_

STARTING DATE: (Times; Days of week)\_\_\_\_\_

LOCATION:

COURSE LENGTH: (In total learning hours)\_\_\_\_\_ OTD Incentive Credit Eligible:\_\_\_\_\_

ESTIMATED TOTAL COST: \$ \_\_\_\_\_ COST PER EMPLOYEE \$:\_\_\_\_\_ ACCOUNT FUNDING SOURCE:

OVER PLEASE.....

ANTICIPATED TRAINING BENEFIT FOR EMPLOYEES OR RIDOT:	
I understand that <b>ADVANCED APPROVAL MUST BE</b>	OBTAINED.
REQUESTING SUPERVISOR'S SIGNATURE:	DATE:
DIVISION SUPERVISOR OR DIVISIONAL ADMINIST:	RATOR
I have reviewed this request and find it directly related to or training needs.	ur employee's job duties and career
RECOMMENDED NOT RECO	OMMENDED
DIVISIONAL AUTHORITY SIGNATURE	DATE
APPOINTING AUTHORITY:	
I certify that this training <u>is/is not</u> directly to this employee available:	s job duties and funding is/is not
APPROVED	DENIED
APPOINTING AUTHORITY DESIGNEE/ HUMAN RESOURCES ADMINISTRATOR	DATE
RETURN TO:  RIDOT  Human Resources Service Center  Employee Training  Two Capitol Hill, Rm. 214  Providence, RI 02903	

RIDOT HRSC 12/07